Verification of Underinsurance for NC Ryan White Part B and HIV Medication Assistance Program (HMAP)

I have applied for assistance through the North Carolina Ryan White Part B Program and/or HMAP. I understand that individuals enrolled in health insurance that includes prescription medication coverage may be ineligible for assistance from HMAP and that verification of underinsurance is required when insurance costs create barriers to medication access.

This document must be used to verify an applicant/client with insurance is underinsured. This form must be complete, legible, and signed within 30 days.

Client Name: _____

Client Date of Birth: _____

HMAP/NCREEDS Client ID: _____

Case Manager Name: _____

Case Manager Agency: _____

Insurance Policy/Plan: _____

Select One:

- ☐ Insurance coverage does not include prescription medications
- ☐ Insurance has a limited formulary that does not include specialty medications
- ☐ Insurance only provides a limited prescription discount card
- ☐ Insurance has a prescription cap of $1,200 or less
- ☐ Insurance has an In-Network Out of Pocket Maximum, Medication Copayment or Medication Coinsurance that is unaffordable:

  Does Client have an Out of Pocket Maximum?

  Yes ☐ No ☐

  * **If Yes:** Out of Pocket Maximum: _____

  Does Client have a Medication Copay?

  Yes ☐ No ☐

  * **If Yes:** Medication Copayment: _____

  Does Client have Medication Coinsurance?

  Yes ☐ No ☐

  * **If Yes:** Medication Coinsurance: _____

  Client's Modified Adjusted Gross Income (Reported in NC REEDS): _____

Who Assisted with reviewing insurance information?

☐ Case Manager ☐ NC Navigators ☐ Other: _____

I attest that the information provided above is true and agree to submit an insurance update via NC REEDS immediately upon notification of a change in insurance.

Case Manager Signature: _____ Date: _____